

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, must be stated.

PLACE OF BIRTH		NAME ADDED BY SUPPLEMENT	
1. County of <u>Apache</u>		ARIZONA STATE BOARD OF HEALTH	
District of <u>Concho</u>		BUREAU OF VITAL STATISTICS	
Town of <u>Concho</u>		ORIGINAL CERTIFICATE OF BIRTH	
or		State Index No. <u>6A</u>	
City of _____		County Registrar No. <u>116</u>	
No. _____		Local Registrar No. _____	
2. Full name of child <u>Jose Juan A. Candelaria</u>		(If birth occurred in a hospital or institution, give its NAME instead of street and number)	
3. Sex of Child <u>Male</u>		6. Legitimate? <u>yes</u>	
To be answered ONLY in event of plural births.		7. Date of birth <u>7/20/1924</u>	
4. Twin, triplet or other _____		Month Day Year	
5. No., in order of birth _____			
8. FATHER		14. MOTHER	
Full name <u>Royes Candelaria</u>		Full maiden name <u>Eufemia Parajuelo</u>	
9. Residence (Usual place of abode) <u>Concho</u>		15. Residence (Usual place of abode) <u>Concho</u>	
If nonresident, give place and state <u>Ariz.</u>		If nonresident, give place and state <u>Ariz.</u>	
10. Color or race <u>Spanish Ame</u>		16. Color or race <u>Spa-Ame</u>	
11. Age at last birthday <u>34</u> (Years)		17. Age at last birthday <u>28</u> (Years)	
12. Birthplace (city or place) <u>Concho</u>		18. Birthplace (city or place) <u>San Rafael</u>	
(State or country) <u>Ariz.</u>		(State or country) <u>New Mex.</u>	
13. Occupation <u>Sheep Herder</u>		19. Occupation <u>Housewife</u>	
Nature of industry		Nature of industry	
20. Number of children of this mother (a) Born alive and now living <u>3</u>		21. Were precautions taken against ophthalmia neonatorum?	
(Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead <u>None</u>			
(c) Stillborn _____			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>1</u> a.m. on the date above stated.			
(Born alive or stillborn.)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.		Signature <u>Eusebio J. De Montano</u>	
Given name added from a supplemental report _____		Address <u>Concho Arizona</u>	
Month, day, year. _____		(Physician or midwife)	
Registrar. _____		Filed <u>7/22</u> , 19 <u>24</u> <u>Santa Candelaria</u>	
		Local Registrar. <u>J. J. Sanchez</u>	
		County Registrar.	

131-720-516